

Michigan Department of Community Health  
Cardiovascular Health, Nutrition and  
Physical Activity Section  
Building Healthy Communities (BHC)  
Request for Proposals  
Due September 8, 2014; 4:00 p.m. EST

**Part I: General Guidelines and Information**

**A. Overview and Purpose:**

Communities are the places where we live, learn, work and play. The physical environments and local policies governing our communities can play an influential role in our health. Michigan is working towards improving community environments and policies to ensure that all residents are surrounded by communities that support healthy lifestyles.

This Building Healthy Communities competitive grant opportunity is issued by the Cardiovascular Health, Nutrition and Physical Activity Section (CVHNPA) in the Division of Chronic Disease and Injury Control at the Michigan Department of Community Health (MDCH). The purpose of this grant opportunity is to provide funding to local health departments to develop, implement and evaluate evidence-based, policy, systems and environmental change interventions designed to prevent chronic diseases through community based population health improvements that promote healthful eating and physical activity amongst disparate population groups.

The priority objectives and interventions of the Building Healthy Communities program for 2014-2015 are provided in the table on pages two and three of this RFP. The program aligns with national strategies, the Michigan 4 x 4 Health and Wellness Initiative, the Guide to Community Preventive Services and objectives of Healthy People 2020 as outlined below:

- Promote quality of life, healthy development, and healthy behaviors across the life span;
- Achieve health equity and the elimination of health disparities;
- Create social and physical environments that promote good health.

**B. Eligibility:**

This funding opportunity is limited to only local health departments. A prerequisite of having past BHC funding is not required. Funded applicants must have the capacity to implement at least one nutrition intervention and at least one physical activity intervention listed in the table on pages two and three as demonstrated by the completion of a community health needs assessment, adequate staff support, efficacy of existing partnerships and ability to sustain projects beyond the funding period. Proposed interventions must target disparate populations in communities with limited access to healthy foods and places for physical activity.

## 2014-2015 BHC Priority Interventions for Physical Activity

Physical Activity Goal:	Increase the percentage of individuals in the state who meet current federal physical activity guidelines for aerobic and muscle-strengthening physical activity.			
Priority Objective:	Increase the number of policies that support planning and design for active transportation	Improve and increase connectivity and accessibility to essential community destinations to increase active transportation and other physical activity		Create or enhance access to safe places for physical activity
Interventions:	Complete Streets and Bike/Parking Ordinances	Expand/Enhance Bike Lanes, sidewalk extensions or linkages	Bike racks and facilities	Park/Playground Enhancements or improving neighborhood ( $\frac{1}{2}$ mile radius) access to quality parks
	Active Transportation Plans or Master Plans with Complete Streets and Safe Routes To School elements	Utilize trail systems to increase access to affordable and safe physical activity opportunities	Expand “safe routes” initiatives that enable safe walking and biking routes to various destinations, including schools	Shared-use Agreements
		Transportation Enhancements including non-motorized paths, wayfinding signage and streetscapes that promote walkability		Improve worksite infrastructure to support physical activity.

## 2014-2015 BHC Priority Interventions for Healthy Eating

Healthy Eating Goal:	Increase the percentage of individuals in the state who consume foods consistent with the Dietary Guidelines for Americans, with an emphasis on fruits and vegetables.		
Priority Objectives:	Improve the availability and promotion of healthy foods in community settings that reach underserved adults and families	Improve the affordability and utilization of healthy foods in community settings that reach underserved adults and families	Support local food policy councils as a means to create healthy food systems with an emphasis on healthy food access.
Interventions:	Work with owners or leadership in retail, food pantries and other settings to change procurement practices, convert equipment and improve inventory of healthy foods	Implement alternative redemption systems at farmers markets and produce stands such as SNAB EBT, Project FRESH, and Market FRESH.	Work with the Local Food Policy Council to implement an identified priority environmental, policy or systems intervention that aligns with BHC goals and objectives <sup>1</sup>
	Implement comprehensive healthy food service guidelines in vending, concessions, and/or meals in public buildings, parks, worksites, churches, congregational meal sites and similar settings <sup>2</sup>	Pilot a Community Supported Agriculture strategy to make shares available and affordable to low-income members*	Work with the Local Food Policy Council to complete an identified capacity building activity to support BHC goals and objectives*
	Implement promotion and messaging campaigns that increase awareness of healthy items and limit unhealthy messages in retail, restaurants and similar settings.	Pilot a Prescription for Healthy Eating Programs that link adults and families receiving clinical preventive services to healthy food pantries, healthy retail or farmers markets*	

<sup>1</sup> This intervention must describe the purpose and outcomes of the activity after one year, targeted milestones towards achieving the outcome, and sustainability plans

<sup>2</sup> Grantees will be expected to use food service guidelines provided by MDCH

### C. Funding:

Applicants can request up to \$100,000 of funding. The funding period is based on a 12-month project period beginning October 1, 2014 and ending September 30, 2015. Funding is competitive and contingent on ability to complete program requirements, quality of proposal and availability of funds and State Administrative Board approval. Final funding award amounts will be based on the scope and nature of the proposed interventions; the size of population reach and the ability of the intervention to reach disparate populations; and the costs to support the proposed activities.

### D. Match Requirement:

Applicants will be required to provide a 25 percent match for the total funds requested. The match must be provided between October 1, 2014 and September 30, 2015. Match may consist of (1) cash, (2) tangible items, or (3) a combination of both cash and tangible items with a discernible value that support proposed projects contributed by the applicant, partner or other funding source (must be included in letters of support provided by key partners). Local health department and local partner staff time is eligible to be counted as part of the MDCH match requirement depending upon the intervention(s) proposed. Staff time being proposed as match must be critical to the proposal interventions, can be up to 10 percent of total 25 percent match. Meeting room and food donations, as well as, staff fringe and indirect will not be allowed as match.

- For policy and system interventions, the MDCH recognizes that staff time and commitments from local stakeholders are critical components to moving policy interventions forward. As a result, staff time from local health departments and key stakeholders will be accepted and reviewed on a case by case basis, taking into account the nature of the project and intensity of staff time required for the intervention.
- For environmental change interventions, staff time will **not** be accepted as match to allow for a greater amount of the funds to be dedicated toward tangible items.

### E. Proposal Guidelines:

The proposal should be prepared according to the criteria outlined in the Proposal Content and Evaluation Criteria Section of this document. The narrative proposal which includes the applicant contact information, project abstract, coalitions and partnerships, and community interventions and need, should be double-spaced with a Calibri 12-point font and 1-inch margins, and no more than 10 pages. The abstract, work plan, budget form, budget justification and letters of support do not count towards the page limit.

Applicants should organize their proposal according to the order specified below. Each of the proposal content categories should be clearly identifiable in the proposal. Use the questions listed under “Review Criteria” and the attached Rubric to assess whether your response is complete and consistent with the intent of the RFP. Reviewers will use these criteria to evaluate and score your proposal. Your score may impact the number, type, and/or scope of projects that receive grant funding.

### F. Proposal Submission and Due Date:

All proposals are due by **4:00 p.m. on September 8, 2014**. Proposals must be sent in one email to Anita Powell, Obesity, Nutrition and Physical Activity Unit Secretary, at [powella5@michigan.gov](mailto:powella5@michigan.gov). Late proposals will **NOT** be considered. An email will be sent to the applicant to confirm receipt of the proposal. If you

have not received a confirmation on or before 12:00 p.m. on September 9, 2014, contact Akia Burnett at [burnetta@michigan.gov](mailto:burnetta@michigan.gov).

**G. Questions:**

Questions concerning this RFP are to be submitted electronically before 3:00 p.m. on August 25, 2014 to Akia Burnett, Building Health Communities Coordinator at [burnetta@michigan.gov](mailto:burnetta@michigan.gov). All questions must be submitted in writing and sent electronically as an attachment in Microsoft Word. Changes to the RFP and answers to questions will be prepared as an addendum and posted on MDCH's website. The posted addendum supersedes the original RFP. The questions and answers addendum will be posted approximately August 27, 2014.

**H. Grant Award Decision**

The grant award decision is final. Grant awards are made at the sole discretion of MDCH and are not subject to protest or appeal. The award process is not completed until the Grantee receives a properly executed agreement through MI E-Grants.

## Part II: Proposal Content and Evaluation Criteria

The instructions below must be followed in preparation of the proposal. Proposals that do not follow the correct guidelines will not be scored. The narrative should include the following information in the order listed below, organized by the **BOLD** headings.

### **Proposal Contact Information (not scored)**

- Local health department name
- Total amount of funding requested
- Total amount of match acquired
- Name of contact person (one health department staff only) and title
- Address, telephone number, fax number
- E-mail address

### **A. Project Abstract 1-page (10 points)**

Provide a succinct summary of your proposed activities. This should be a description of your entire project including the following: interventions; target populations; intended outcomes; key partners, including participating coalitions; in-kind or other resources/funding secured. This summary should be suitable for dissemination to the public.

#### Review Criterion

- Does the applicant include a 1-page abstract, which summarizes their project (intervention, target population, potential outcome, leading organization, match and/or leveraged resources)?

### **B. Coalitions and Partnerships (15 points)**

Coalitions of public and private sector organizations are often essential to successful program implementation. Describe the community coalition(s) and/or partnerships that will execute the proposed interventions including lead and key agencies and their roles. You are encouraged to invite local and regional cancer control organizations, diabetes networks, tobacco free coalitions and other key partners to enhance primary prevention policies in your communities.

Briefly describe any policy, system and/or environmental interventions to increase physical activity, healthy eating and tobacco free environments that your health department plans to implement in FY 2015 that compliments your proposed BHC work plan. This could include projects that are supported or funded by the health department, coalition partners and/or other sources.

#### Review Criteria

- Do the coalitions and partnerships provide diverse representation adequate for conducting policy, system and environmental change interventions?
- Do the coalitions have a variety of organizations investing time and resources into the interventions proposed or occurring throughout the jurisdiction?
- Are the results of the coalition assessment (s) included as well as the plan to address the results?
- Is there evidence of sustainability through continued collaborations and partnerships beyond the one-year project period?

- Are there plans to maintain current coalitions? And add new ones to the program?
- Does the applicant have additional interventions and/or programs being implemented that support increasing physical activity, healthy eating and/or tobacco free environments that are not in the proposed work plan or funded under the Michigan 4 x 4 Health and Wellness Initiative?

### **C. Incorporation of Strategies to Eliminate Health Inequities (25 points)**

Applicants must propose the use of evidence-based interventions targeting populations with documented disparities in obesity and other chronic health conditions. Health Disparities are significant differences in the rates of disease incidence, prevalence, morbidity, mortality, or survival in a specific population as compared to the general population. The inclusion of a 1-2 page summary to address health inequities is required and must include the following information:

- Explanation of the extent in which health disparities are included within focus of the application;
- Identification of target population or specific groups who experience a disproportionate burden of chronic conditions or chronic diseases for the health condition addressed by the application, and who will, therefore, be impacted by the proposed interventions;
- Identification of social determinants of health which lead to health disparities supported by data. For example, social, economic, and environmental factors that contribute to the overall health of individuals and communities including: race and ethnicity, and social connectedness (social factors); income, education, employment, and wealth (economic factors); and living/working conditions, and transportation (environmental factors).

### **Review Criteria**

- Does the applicant explicitly identify specific groups who experience disparities as well as an analysis of the causes of health disparities?
- Is there a description of the demographic characteristics (age, race, gender, ethnicity, socio-economic status, educational levels, and disabilities) of the target population?
- Is there evidence to substantiate existing burden, need and disparities in the populations selected?
- Is there an explanation that describes the need for this intervention using specific data and assessments to highlight the existing health disparities and health inequities and how this intervention will fill those gaps?

### **D. Community Interventions (20 points)**

Describe the policy, system and environmental change interventions for which you are requesting funding support. Built environment changes must be justified by the existence of policies and/or plans the target community is ready to implement (i.e. Complete Streets ordinances, Master Transportation Plans, Non-Motorized Transportation Plans, etc.). For each intervention include the priority objectives in SMART format (see guide with examples here:

[http://www.cdc.gov/dhdsp/state\\_program/evaluation\\_guides/pdfs/smart\\_objectives.pdf](http://www.cdc.gov/dhdsp/state_program/evaluation_guides/pdfs/smart_objectives.pdf)),

promotion/marketing activities, funding amount requested and a description of the project including:

- Purpose
- Expected outcomes (short and long term)
- Description of the intervention (i.e. length of trails, details of park enhancements, etc); specific activities for each intervention will be provided through the work plan in the Appendix

- How the project aligns with previous community health assessment(s) results
- Reach
- Partners and their roles
- Additional funding and resources contributed
- Describe in detail your evaluation plan with indicators. Indicate whether MDCH or another reputable standardized protocol(s) for use of parks, trails, bike lanes, corner stores, vending, food service and farmers' markets will be included in your plan.
- Amount of funding requested per intervention

#### Review Criteria

- Does each proposed intervention address physical activity or food access strategies?
- Do the interventions include SMART (specific, measurable, achievable, realistic, and time-phased) priority objectives identified on pages two and three?
- Are the proposed projects aligned with the BHC priority interventions (listed on pages two and three)?
- Is each proposed intervention adequately described including outcomes and target populations (What change is expected at the end of the project? Who will benefit from the policy, systems and/or environmental changes proposed?)?
- Is the amount of funding for the interventions reasonable given the number of individuals to be reached and expected outcomes?
- Has the applicant outlined evaluation activities for each proposed intervention?
- Is a sustainability plan described for each proposed intervention?

#### **E. Work Plan (20 points)**

The Building Healthy Communities work plan is found in Appendix I. Applicants must describe activities for each policy, system and/or environmental change intervention being proposed. Copy sections in the Building Healthy Communities work plan and paste to build your work plan and add multiple interventions under each topic area as appropriate. Evaluation activities should be included in your work plan and clearly indicate responsible parties, as well as when and where you plan to conduct these activities.

#### Review Criteria

- Are all of the elements in the work plan (s) completed in full?
- Do the data collection activities align with the proposed interventions and can they effectively measure outcomes among the target population(s)?
- Does the timeline proposed align with implementing the interventions within the grant period? Is it feasible?
- Has the applicant listed all the necessary activities to reach the objective?
- Does the applicant list appropriate performance indicators?
- Has the applicant listed media/promotion/marketing activities each quarter?

#### **F. Appendices**

Exhibit I-Work Plan

Exhibit II-Budget Form

Exhibit III-Budget Justification

Exhibit IV-Sample Standard Grant Agreement



## Exhibit V-Letters of Support

### **G. Budget Form (not scored)**

Utilize the form provided in Appendix II and follow the guidelines outlined in the Budget Justification section below.

### **H. Budget Justification (not scored)**

The funds for interventions are intended to support policy, system, and/or environmental changes, reach target population(s) or create behavior changes as a result of policy and environmental changes with a focus on physical activity and healthy eating. For the budget overall, it is recommended that up to 40% of the funds be spent on staff/contractor time, 50% of the total should be dedicated towards implementation of projects and up to 10% on evaluation activities. The MDCH recognizes that this budgetary breakdown will vary based on activities chosen, this guidance is provided to give local health departments an overall goal based on the complete BHC amount allocated within your CPBC. Specify the total amount requested, identify amounts by funding categories, and match funding and source. When appropriate FTE allocated, name(s) and organization(s) should be provided for each intervention.

#### Review Criteria

- Is the justification of expenses reasonable and necessary to complete the activities?
- Does the applicant include justification for all items listed on the budget?
- Are other funding sources identified that will contribute towards implementing the planned projects, including match funds?
- Does the applicant devote less than or equal to 40 percent of total requested funds to staff/contractors? (Policy changes will be reviewed based on the policy, reach and activities.)
- Has the applicant allotted funds for evaluation activities?
- Is the amount of staffing requested to be funded by this proposal sufficient but not excessive?

### **I. Letters of Support (10 points)**

Attach letters of support from the health officer and key partner agencies that will participate in implementing the interventions proposed, and from entities providing match to the proposal.

#### Review Criteria

- Are letters of support indicating specific match or other resources being provided for the projects?
- Do the letters of support demonstrate the partners' role in the process?
- Is there a letter from the health officer indicating support for implementation of the work plan proposed, agreement on the proposed activities, attendance of meetings, trainings and grant requirements, and match supplied?